

FINANCIAL AFFIDAVIT

CJA 23

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

UNITED STATES
IN THE ASST. CR. MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

USA

VIA Luis de Jesus

FOR

FILED

AT

U.S. ATTORNEY'S OFFICE

LOCATION NUMBER

MAY - b P. 4: 12

PERSON REPRESENTED (Show your full name)

Luis de Jesus

U.S. DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CHARGE/OFFENSE (describe if applicable & check box →)

 Felony
 MisdemeanorPoss with intent to distribute
and distribute cocaine

- Defendant—Adult
- Defendant—Juvenile
- Appellant
- Probation Violator
- Parole Violator
- Habeas Petitioner
- 2255 Petitioner
- Material Witness
- Other (Specify) _____

DOCKET NUMBERS	
Magistrate	
04-1685-CBS	
District Court	
Court of Appeals	

STATEMENT OF ABILITY TO PAY

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed
	Name and address of employer: _____
	IF YES, how much do you earn per month? \$ _____
	IF NO, give month and year of last employment How much did you earn per month \$ _____
OTHER INCOME	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, how much does your Spouse earn per month \$ _____
	If a minor under age 21, what is your Parents or Guardian's approximate monthly income \$ _____
ASSETS	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ THE SOURCES _____
	SOURCES _____
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	VALUE _____ DESCRIBE IT _____ _____
	DESCRIPTION _____ _____

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED	Total No. of Dependents	List persons you actually support and your relationship to them	
DEBTS & MONTHLY BILLS	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Payt.	
	_____	_____	\$ _____	\$ _____	
	_____	_____	\$ _____	\$ _____	
	_____	_____	\$ _____	\$ _____	
	_____	_____	\$ _____	\$ _____	

I certify the above to be true.

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

X Luis de Jesus

A FALSE OR DEMONSTRATIVE STATEMENT
IS A CRIMINAL OFFENSE